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PTO/SB/21 (03-03)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/776,731
		Filing Date	02/10/2004
		First Named Inventor	Bret O. Baynham
		Art Unit	3732
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket Number	2380.005

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Michael A. Slavin McHale & Slavin, P.A.
Signature	
Date	10/29/04

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICANT : Bret O. Baynham et al.
INVENTION: : STATIC ANTERIOR CERVICAL PLATE
SERIAL NUMBER : 10/776,731
FILING DATE : February 10, 2004
EXAMINER: :
GROUP ART UNIT : 3732
ATTORNEY DOCKET NO. : 2380.005

CERTIFICATE UNDER 37 CFR §1.8(a)
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INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
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Sir:

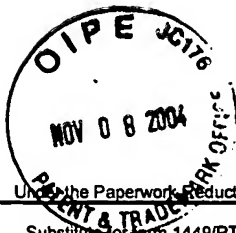
Pursuant to the Duty to Disclose under 37 CFR §1.56, the references cited on the accompanying form PTO/SB/08A are hereby brought to the attention of the Examiner for independent evaluation. Pursuant to the Official Gazette Notice dated August 5, 2003, Applicants are not required to submit copies of these references. The references were cited in the specification and their relevancy is set forth therein.

Applicants submit that the present invention is patentable over these references.

Date: 10/29/04

Respectfully Submitted,

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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	10/776,731
Filing Date	02/10/2004
First Named Inventor	Bret Baynham et al.
Art Unit	3732
Examiner Name	
Attorney Docket Number	2380.005

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
		US- 5,603,713	02-18-1997	G. Aust et al.	
		US- 6,139,550	10-31-2000	G. Michelson	
		US- 6,224,602	05-01-2001	K. Hayes	
		US- 6,231,610	05-15-2001	F. Geisler	
		US- 6,342,055	01-29-2002	L. Eisermann et al.	
		US- 6,436,142	08-20-2002	N. Paes et al.	
		US- 6,454,771	09-24-2002	G. Michelson	
		US- 6,602,255	08-05-2003	C. Campbell et al.	
		US- 6,652,525	11-25-2003	R. Assaker et al.	
		US- 6,695,846	02-24-2004	M. Richelsoph et al.	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ *Number ⁴ *Kind Code ⁵ (if known)				

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